



# The Commonwealth of Massachusetts

## Division of Professional Licensure

BOARD OF REGISTRATION OF  
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
239 CAUSEWAY STREET  
BOSTON, MA 02114  
(617) 727-3071

[WWW.MASS.GOV/DPL/BOARDS/SP](http://WWW.MASS.GOV/DPL/BOARDS/SP)

### FORM 2 - SUPERVISED PROFESSIONAL PRACTICE REPORT – SPEECH-LANGUAGE PATHOLOGY

- Instructions:**
- **Form 2** must be **submitted to the Board within 30** days of the completion of the Professional Practice.
  - Type or Print in ink.
  - Please read carefully before completing.
  - **If your supervisor changed, please submit a Form 1 to correlate with that portion of the Supervised Practice year. Also, you must forward a new Form 1 and Form 2 for all other supervisor(s).**

#### **1. Speech-Language Pathology Applicant:** If name has changed since application your initial submission, **Name on Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Other)

**Write name as you wish it to appear on your license:**

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

#### **2. Professional Practice Site Information:**

**Site:** \_\_\_\_\_  
(Company Name) (Division/Department)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **Hours per Week:** \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

#### **3. Supervisor Information:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Business) (Other)

**4. Supervisor's Current Licensure Status:**

Massachusetts License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other State (Specify): \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**5. Supervisor's Professional Certification(s):**

ASHA/CCC-A Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Massachusetts Teacher's Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**6. Educational, Supervised Professional Practice and Examination Requirements:**

To be licensed as a Speech-Language Pathologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the current American Speech-Language-Hearing Association (ASHA) Standards and Implementation Procedures for a Certificate of Clinical Competence in Speech-Language Pathology. Although standards created by ASHA are referenced by the Board, the Board does not require that licensees obtain or maintain membership in ASHA. However, ASHA membership/certification of the supervisor may be required if the applicant seeks membership/certification in ASHA once licensed. Please contact ASHA for more information. [www.asha.org](http://www.asha.org)

**7. Professional Practice Plan completion:**

**Has the applicant successfully fulfilled the Professional Practice Plan responsibilities as specified in Form 1?**

☐ Yes ☐ No **In no, please explain** \_\_\_\_\_

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**8. Recommendation of Supervisor:**

I hereby ☐ recommend **OR** ☐ do not recommend for licensure as a SPEECH-LANGUAGE PATHOLOGIST.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail ORIGINALS** to the Board and maintain a copy for your files.

Board of Speech-Language Pathology and Audiology, 239 Causeway St., Boston, MA 02114

Updated October 16, 2008